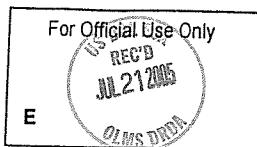


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>3643</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Garland Broussard</u>  P.O. Box, Bldg., Room No., if any  Street <u>1920 School Street</u> City <u>Lake Charles</u> State <u>Louisiana</u> ZIP Code + 4 <u>70605</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers &amp; Steamfitters</u> <u>U.A. Local 106</u> Labor Organization File Number <u>021-168</u>  P.O. Box, Building and Room Number, if any  Street <u>2013 Ryan Street</u> City <u>Lake Charles</u> State <u>Louisiana</u> ZIP Code + 4 <u>70601</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.    7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Garland Broussard

On 7/11/05  
Date

(337) 436-4373  
Telephone Number

Name of Person Filing **Garland Broussard**File Number U- **3643**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Plumbers & Steamfitters Local 106**Trade Name, if any: **Health & Welfare Fund**

P.O. Box, Bldg., Room No., if any

Street **822 North Lakeshore Dr.**City **Lake Charles**State **Louisiana** ZIP Code + 4 **70601**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**Health & Welfare Trust Fund for  
Labor Organization  
TRUSTEE**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Registration fee, hotel, mileage  
reimbursement, and lost time wages  
for International Foundation of  
Employee Benefit meeting.**12.b. Amount. **\$964.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing	Garland Broussard	File Number U-	3643
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Plumbers & Steamfitters Local 106  
Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 822 North Lakeshore Dr.

City Lake Charles

State Louisiana ZIP Code + 4 70601

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Pension Trust Fund for Labor  
Organization  
TRUSTEE

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lost time wages for Board of  
Trustees meetings.

12.b. Amount. \$238.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **Garland Broussard**File Number U- **3643**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Plumbers & Steamfitters Local 106**  
**Health & Welfare Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **822 North Lakeshore Dr.**City **Lake Charles**State **Louisiana** ZIP Code + 4 **70601**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**Health & Welfare Trust Fund for**  
**Labor Organization**  
**TRUSTEE**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Lost time wages for Board of**  
**Trustees meetings.**12.b. Amount. **\$140.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing **Garland Broussard**File Number U- **3643**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Plumbers & Steamfitters Local 106  
Pension Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **822 North Lakeshore Dr.**City **Lake Charles**State **Louisiana** ZIP Code + 4 **70601**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**Pension Trust Fund for Labor  
Organization  
TRUSTEE**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Registration fee, hotel, mileage  
reimbursement, and lost time wages  
for International Foundation of  
Employee Benefit meeting.**12.b. Amount. **\$1,641.00**

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.